## **CHILD AND ADULT CARE FOOD PROGRAM**

# Montana F/R Proprietary Center Claim for Reimbursement

Claims are due on or before the 10th of each month. Claims not postmarked and/or received within 60 days of the claim month will not be paid [REF: 7 CFR 226.10(e)] without FNS approval for a one-time exception.

Number of Facilities		Current Month Enrollment:
Number of Days CACFP Meals Were Served		Free
Total Monthly Attendance		Reduced
Average Daily Attendance		Paid
Licensed Capacity		Total
Total CACFP Meals Served to Enrolled Children:  Breakfast Lunch Supper Supplement/snack	25% of licensed capacity, Free or Reduced, and m reporting month.  Divide # of Free & Reduced # of Free & Reduced Childr eligibility. See the reverse  Total Enrollment:	t at least 25% of enrolled children, or whichever is less, are classified as neet eligibility requirements for this Children by Total Enrollment or divide en by Licensed Capacity to determine
	Center Director Signature	
I certify that to the best of my knowledge and belief, this claim is true and correct, records are available to support it, it is in accordance with an existing agreement, and payment has not been received. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.  Signature Date  Title Phone		
1100	Phor	
Child & A Department of 111 N. Jackso He	Phor Adult Care Food Program Public Health & Human S on St. 5 <sup>th</sup> Floor, PO Box 2 Plena, MT 59620-2925 Oll Free 888-307-9333	Services
Child & A Department of 111 N. Jackso He To	Adult Care Food Program Public Health & Human S on St. 5 <sup>th</sup> Floor, PO Box 2 elena, MT 59620-2925 oll Free 888-307-9333	Services
Child & A Department of 111 N. Jackso He	Adult Care Food Program Public Health & Human S on St. 5 <sup>th</sup> Floor, PO Box 2 elena, MT 59620-2925 oll Free 888-307-9333	Services 202925

White: State Agency Pink: Center

### **TOTAL MONTHLY ATTENDANCE**

Record the total number of children in attendance daily. This should include every child who attended during the day.

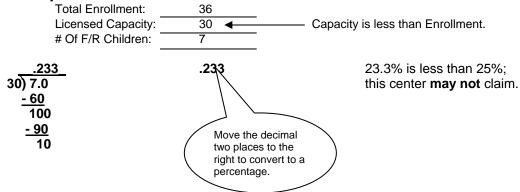
Each month, add the totals for each day's attendance. This is the total Monthly attendance.

#### Calculate the AVERAGE DAILY ATTENDANCE

Divide the Total Monthly Attendance by the Number of Days the Center Operated. Round this number to the nearest whole number.

#### **FR/P CERTIFICATION**

- 1. Add Free and Reduced participants;
- 2. Compare the enrollment and licensed capacity, selecting the lesser number; then,
- 3. Divide F/R Participants by the lesser of enrollment or licensed capacity to determine if your center has met the 25% minimum and are eligible to submit a claim. The answer should be .25 or more.
- 4. **Example #1**:



5. **Example #2:** 

